THE DISTRICT OF COLUMBIA 1915(b) PROGRAM

Project Name:	**Healthy Families**
Proposal Approved:	April 1, 1993
Revision Approved:	April 22, 1994
Revised Effective Dates:	April 1, 1994 – March 31, 1996
First Renewal/Modification Approved:	March 19, 1997
First Renewal/Modification Effective:	March 19, 1997 – March 18, 1999
Modification Approved:	September 4, 1998
Modification Effective:	April 1, 1998 – March 30, 2000
1st Temporary Extension Effective:	March 31, 2000 – June 28, 2000
2nd Temporary Extension Effective:	June 29, 2000 – September 26, 2000
3rd Temporary Extension Effective:	September 27, 2000 – December 25, 2000
4th Temporary Extension Effective:	December 26, 2000 – March 25, 2001
5th Temporary Extension Effective:	March 26, 2001 – June 23, 2001
Second Renewal Approved:	July 27, 2001
Second Renewal Effective:	September 22, 2001 – September 21, 2003
Modification Approved:	December 28, 2001
Modification Effective:	December 28, 2001 – September 21, 2003

PROGRAM SUMMARY:

The District submitted a proposal under Section 1915(b)(1) of the Social Security Act authority to provide comprehensive medical services to the District's Medicaid population. Sections waived include 1902(a)(10)(B), Comparability of Services and 1902(a)(23), Freedom of Choice.

On April 1, 1993, the District received approval to operate a combination mandatory Primary Care Case Management (PCCM) and voluntary health maintenance organization (HMO) program. Subsequent to that, they requested a delayed effective date and the first period of the waiver operated from April 1, 1994 to March 31, 1996. A renewal and modification was submitted in April 1996 to change to a capitated HMO program with mandatory enrollment and eliminate PCCM from the original waiver. Approval was granted in March 1997 then a second modification was requested in June 1997 to delay the effective date (due to HMO contracting issues and bid protests). In September 1998, the modification was approved and effective April 1, 1998 to March 31, 2000. The second renewal was approved in July 2001, effective September 22, 2001 to September 21, 2003. A modification was approved December 28, 2001 expanding the MCO benefit package to include mental health services and inpatient drug and alcohol treatment services.

The waiver population includes temporary assistance to needy families (TANF) and TANF-related beneficiaries. The waiver operates District-wide. An additional service included in the waiver is health education.

HEALTH CARE DELIVERY:

As of February 2001, the District utilizes 5 MCOs, including: Advantage Healthplan, Inc.; Americaid Community Care; Capital Community Health Plan; DC Chartered Health Plan, Inc.; and Health Right, Inc. The provider types include pediatricians, family practitioners, internists, general practitioners, obstetricians/gynecologists and gynecologists, and federally qualified health centers (FQHCs).

BENEFIT PACKAGE:

Includes inpatient hospital services; outpatient hospital services; laboratory services; radiology services; early and periodic screening, diagnosis, and treatment (EPSDT) services, immunization services; family planning services; physician services; home health services; and pharmacy services. With the latest waiver modification, the benefit package now includes mental health services and inpatient drug and alcohol treatment services. Other services include all other DC Medicaid services except hospice and residential treatment.

EXCLUDED SERVICES:

All Medicaid services are covered under the waiver except: transplant surgery, nursing home and intermediate care facility/mentally retarded (ICF/MR) services.

LOCK-IN PROVISION:

Enrollees can change health plans during the first 90-days after enrollment, and thereafter, during the 90-day period beginning on the anniversary date of the enrollment date.

ENROLLMENT BROKER:

The enrollment broker is United Planning Organization (UPO) with a subcontract to the Academy for Educational Development (AED). The responsibilities of the enrollment broker include educating beneficiaries about the waiver program and responding to questions and requests for assistance; educating providers, District staff, and the local hospitals and welfare staff about the program and promoting coordinated beneficiary outreach and education; providing beneficiaries the opportunity to discuss their enrollment options with an enrollment counselor; maximizing the number of beneficiaries who voluntarily select an HMO; and ensuring that all enrollments are processed in a timely and efficient manner.

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Juli A. Harkins
Jharkins@cms.hhs.gov
(410) 786-1028